



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH ORTHOPEDIC HOSPITAL CARMEL

City of Hospital: Carmel

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Brian Jamison

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Medicare Provider Number: 15-0193

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19504095
Outpatient Patient Service Revenue	\$101547353
Total Gross Patient Service Revenue	\$121051448

2. Deductions From Revenue

Contractual Allowance	\$83973828
Other Deductions	\$269244
Total Deductions	\$84243072

3. Total Operating Revenue

Net Patient Service Revenue	\$36808377
Other Operating Revenue	\$10276037
Total Operating Revenue	\$47084414

4. Operating Expenses

Salaries and Wages	\$7334400	Employee Benefits	\$1900758
Depreciation and Amortization	\$2776642	Interest Expense	\$6627978
Bad Debt	\$89669	Other Expenses	\$20616012
Total Operating Expenses	\$39345459		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7739354	Total Assets	\$99407918
Net Non-operating Gains over Loss	\$-661189	Total Liabilities	\$-97192635

Total Net Gains	\$7078165
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44345131	\$36078300	\$8266831
Medicaid	\$10183107	\$9130911	\$1052196
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$66523210	\$39033861	\$27489349
Total	\$121051448	\$84243072	\$36808376

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$-2998	\$2998

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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